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# Electronic Filing System (EFS) Data Electronic Patent Application Submission USPTO Use Only

EFS ID:

16009

Application ID:

10064235

Title of Invention:

SUTURING APPARATUS, METHOD

**AND SYSTEM** 

First Named Inventor:

H Craig

Domestic/Foreign Application:

**Domestic Application** 

Filing Date:

null

Effective Receipt Date:

2002-06-24

Submission Type:

**Utility Patent Filing** 

Filing Type:

new-utility

Confirmation Number:

0

Attorney Docket Number:

HRCMP004

Digital Certificate Holder:

cn=Carl Oppedahl, ou=Registered Attorneys, ou=Patent and Trademark Office, ou=Department of Commerce, o=U.S.

Government, c=US

Certificate Message Digest:

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Total Fees Authorized:

\$370.0

Payment Category:

CC - Credit Card

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473974

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80435

### TRANSMITTAL FORM



Electronic Version 1.0.3

Stylesheet Version: 1.0

Attorney Docket

her.

Number:

HRCMP004

Submission Type: Utility Patent

**Filing** 

# SUTURING APPARATUS, METHOD AND SYSTEM

First Named Inventor: H Randall Craig

SUBMITTED BY

Name:

E.J

Carl Oppedahl

Electronic Signature Mark: /s/

Date Signed: 20020624

I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.

I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

#### Attached Files:

declaration

declaration01.TIF

declaration

declaration02.TIF

specification

specification.xml

bibd-transmittal

epaveapds.xml

fee-transmittal

epavefee.xml

declaration02.TIF

#### Comments:

Any deficiency in fees may be charged to our deposit account number 15-0610.

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PAGE 02,

06/24/2002 13:57

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OPPEDAHL LARSON LLP

# COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My citizenship, residence and post office address are as listed below next to my name.

I believe I am the original, first and [X] sole/[] joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

the spe	cification of which						
(a) [ X]	is attached hereto	D.					
(b) []	was filed on		as Ap	plication Serial No.		and was	<b>amende</b> d
(c) []	was described ar amended on _	nd claimed in Inte	mation	al Application No.	filed	on	and
includir informa accorda I hereb 365(c) insofar States acknoy	ng the claims, as a stion which is mate ance with Title 37, by claim the benefit of any PCT internation PCT internation PCT internation the filing date of the country of the filing date of the stilling date of the still	reviewed and un- amended by any a brial to the patents, Code of Federal t under Title 35, L ational application atter of each of the nal application in the disclose material	derstormendi ability ( Regul 35 Inited ( designation) designation information	ent of Duty of Disclored the content of the ment referred to above of the subject matter ations § 1.56(a).  U.S.C. § 120 States Code, § 120 of this application is of this application is ation as defined in 3 of the national or PC	above identified re. I acknowled claimed in this a f any United Sta ates of America, s not disclosed in first paragraph 7 CFR § 1.56 wi	ge the duty pplication i  tes applica listed below the prior i of 35 U.S.C	to disclos n tion(s) or w and, United c. § 112, I e available
(Applicat	ion Serial No.)	(Filing Date)	(5	atus)(patented,pending,at	pendaned)	(Patent No.	if applicable)
(Applicat	ion Serial No.)	(Fling Date)	(\$	latus)(patented,pending,at	pandoned)	(Patent No.	if applicable)
			Pow	er of Attorney			
i hereb transac	y appoint practitio at all business in the	ners at customer ne Patent and Tra	ло. 21 demar	21 as attorneys to p k Office connected th	rosecute this ap nerewith.	plication ar	nd to
SEND	BEND CORRESPONDENCE TO:			DIRECT TELEPH OPPEDAHL & LA (970)468-6600			

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PAGE 03

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Claim for Priority

I hereby claim foreign priority benefits under 35 U.S.C. § 119 (a)-(d) or 385(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign applications for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

	ON	T	T	7	
COUNTRY	APPLICATION NO.	DATE OF FILING (day/montr/year)	DATE OF ISSUE (day/month/year)	PRIORITY CLAIMED	CERTIFIED COPY ATTACHED
				YES[]NO[]	YES[] NO[]
FOREIGN APPLICATI	ON(S), IF ANY, FILED MORE T	HAN 12 MONTHS (6 M	ONTHS FOR DESIGN)	PRIOR TO SAID APPI	LIGATI <b>ON</b>
COUNTRY	APPLICATION NO.	DATE OF FILING (day/montr/yeer)	DATE OF ISSUE (CRY/MORIT/VERY)		

**Provisional Application** 

I hereby claim the benefit under 35 U.S.C § 119(e) of any United States provisional application(s) listed below.

60/302,338	06/28/2001
(application number)	(filing date)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE	LAST NAME	FIRST NAME	MIDDLE NAME		
OR FIRST INVENTOR	Craig	H.	Randall		
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE Chandler	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP		
POST OFFICE ADDRESS		ÇITY	STATE/GOUNTRY ZIP CODE		
3200 N. Dobson Roa		Chandler	AZ		
6-24-02		SIGNATURE (CURRENTS)			

incapacitated inventor. Number of Pages \_\_\_.

[] Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR § 1.47. Number of Pages \_\_\_.

APP ID=10064235

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## FEE TRANSMITTAL

Electronic Version 1.1.0 Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

**Small Entity** 

**TOTAL FEES AUTHORIZED: \$370** 

BANK (CREDIT) CARD INFORMATION:

Credit Card Number:

3008

**Expiration Date:** 

20040731

Authorized Name:

Carl Oppedahl

Billing Address:

80435

**BASIC FILING FEE** 

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 370

Subtotal For Basic Filing Fee: \$ 370